

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Application Number</b></td> <td>10/720,840</td> </tr> <tr> <td><b>Filing Date</b></td> <td>November 24, 2003</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>David A. SCHWARTZ</td> </tr> <tr> <td><b>Title</b></td> <td>Triphosphate Oligonucleotide...</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1623</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>Patrick T. Lewis</td> </tr> <tr> <td><b>Attorney Docket Number</b></td> <td>012833-0004-999</td> </tr> </table>	<b>Application Number</b>	10/720,840	<b>Filing Date</b>	November 24, 2003	<b>First Named Inventor</b>	David A. SCHWARTZ	<b>Title</b>	Triphosphate Oligonucleotide...	<b>Art Unit</b>	1623	<b>Examiner Name</b>	Patrick T. Lewis	<b>Attorney Docket Number</b>	012833-0004-999
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<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">20583</div>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Practitioner(s) Name	Registration Number								
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I am the  
☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature _____	Date <u>11.07.18</u>
Name _____	Telephone _____
Title and Company <u>Chief, Science Officer / Solulink Biosciences</u>	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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